

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAID PURCHASING ADMINISTRATION  
Olympia, Washington**

**To:** Dental Providers  
Managed Care Organizations

**Memo #: 10-29**  
**Issued: June 18, 2010**

**From:** Douglas Porter, Assistant Secretary  
Medicaid Purchasing  
Administration (MPA)

**For information contact:**  
1-800-562-3022, option 2, or go to:  
<http://hrsa.dshs.wa.gov/contact/default.aspx>

**Subject: Dental Services: Fee Schedule Updates and Benefit Changes**

**Effective for dates of service on and after July 1, 2010**, the Department of Social and Health Services (the Department) will implement rate and benefits changes as designated by the legislature for specific services within the dental program.

## **Overview**

All policies previously published remain the same unless specifically identified as changed in this memo.

## **Rate Reduction**

**Effective for dates of service on and after July 1, 2010**, the Department will implement a rate reduction for the Dental program. The rate adjustment is in accordance with the fiscal year 2011 operating budget for medical assistance payments, as enacted by the Legislature in 2010. This operating budget is summarized on pages 116 and 118 in the government document: "Revised Omnibus Operating Budget." You may access this document online at:  
<http://leap.leg.wa.gov/leap/Budget/Detail/2010/coHAgencyDetail0413.pdf>.

## **Viewing Changes to the Fee Schedule**

To view the July 1, 2010, fee schedule changes, go to the Department/MPA website online at:  
<http://hrsa.dshs.wa.gov/RBRVS/Index.html>. Bill the Department your usual and customary charge.

You may visit the Dental Program web site at: <http://hrsa.dshs.wa.gov/DentalProviders/Dental.html>.

## Services Reduction

The services affected by this required reduction are listed in the table below and are no longer covered by the Department. Since these changes affect all clients age 21 and older, there is no right for an evidentiary hearing to challenge these reductions and **there is no continuation of the affected services after July 1, 2010.**

However, providers may request an exception to rule<sup>1</sup> to request coverage for a noncovered service, or request a limitation extension<sup>2</sup> for more services than the allowed amount by contacting the Department and providing the necessary information for the program to make a decision in the client's individual case.

Age Group	Procedure Code	Description
Clients age 21 and older	D2950	Core build up
	D5213	Maxillary partial denture-cast metal framework
	D5214	Mandibular partial denture-cast metal framework
	D5130	Immediate denture- maxillary
	D5140	Immediate denture- mandibular
	D9110	Palliative (emergency) treatment of dental pain
Clients age 21 and older (Excluding clients of the Division of Developmental Disabilities)	D9220	Deep Sedation/general anesthesia-first 30 minutes
	D9221	Deep Sedation/general anesthesia-each additional 15 minutes
	D9241	Intravenous conscious sedation/analgesia-first 30 minutes
	D9242	Intravenous conscious sedation/analgesia-each additional 15 minutes
	D9248	Non-intravenous conscious sedation
	D9630	Other drugs and /or medicaments

**Effective for dates of service on and after July 1, 2010**, the Department will limit payment for the following procedure codes to two times per a client's lifetime, for clients age 21 and older. A replacement denture is covered only when the replacement occurs at least 5 years after the seat date of the previous denture paid for by the Department.

Age Group	Procedure Code	Description
Clients age 21 and older	D5110	Complete denture -maxillary
	D5120	Complete denture - mandibular

<sup>1</sup> **Exception to Rule:** The prior authorization process used by the Department to consider the appropriateness of a noncovered item when that service is specifically needed for that client because their clinical needs are so different than the rest of the population.

<sup>2</sup> **Limitation Extension:** The prior authorization process used to consider when it is medically necessary to allow more of a product for a specific client because their healthcare needs are not being met by the amount allowed in the base benefit for that service.

## **How Can I Get the Department/MPA Provider Documents?**

To download and print the Department/MPA provider numbered memos and billing instructions, go to the Department/MPA website at <http://hrsa.dshs.wa.gov> (click the ***Billing Instructions and Numbered Memorandum*** link).